

**UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)**

Charitta Burt, Paralegal

U. S. Application No. 10/50482

Publication Date 9.12.03

Publication No. WO 03/075486 PCT/RO/101

Copy of ISR SW, Copy of IPER SW

Assignee information: \_\_\_\_\_

Priority Info: Country SE No. 020096-3 date 3.6.02 MORE (turn over)

Correspondence checked: 27045

Inventor Name checked: F Mats L SAGFORS

Inventor Residence city: Kyrkslatt state and/or country FI citizenship: FI

International Application No. PCT503 100383 Language Eng

Copy of ISR: \_\_\_\_\_

Copy in International Application: ☒; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ spec. page no. \_\_\_\_\_

371 Filing Fees: 1080; meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 24 Chargeable 24 Independent 5 multiple \_\_\_\_\_

Number of drawing Sheets: 3 Foreign language: \_\_\_\_\_

Oath/Declaration: ☒; signed ☒ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed 9.2.04

Small entity fee: \_\_\_\_\_; SME papers: yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

References \_\_\_\_\_

Copy of IPER: ☒; Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_

Preliminary Amendment(s): ☒ date: 9.2.04; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: ☒ DATE: 9.2.04 2<sup>nd</sup> \_\_\_\_\_ DATE \_\_\_\_\_

Request for Immediate Examination: \_\_\_\_\_

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): ☒ date 9.2.04; Number of copies included \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Abstract: ☒ Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Date of 35 USC Receipt of Request: 9.2.04 Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: 9.2.04

Notice of Missing Requirements: \_\_\_\_\_

Notice of Defective Response: \_\_\_\_\_

Notice of Acceptance: 4.14.05

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_

Other forms: \_\_\_\_\_ Extension of time: Number of months \_\_\_\_\_